

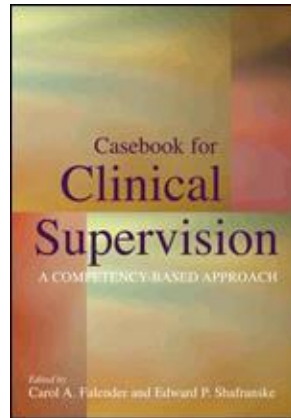
**Indiana Council of Community Mental  
Health Centers  
Child and Adolescent Subcommittee**

# Utilizing Leadership Traits to Improve Outcomes

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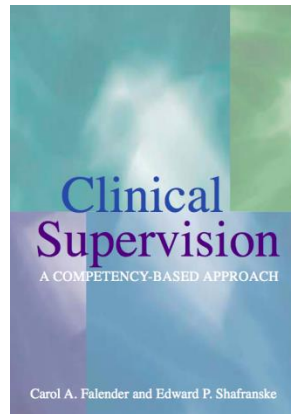


## **Casebook for Clinical Supervision: A Competency-Based Approach (APA, 2008)**

Carol A. Falender & Edward P. Shafranske (Eds.)

## **Clinical Supervision: A Competency-Based Approach (APA, 2004)**

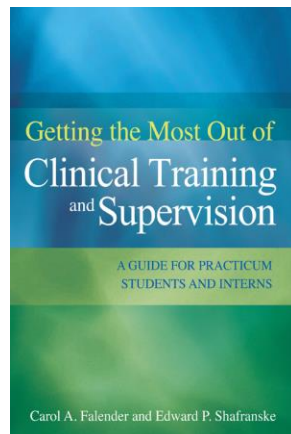
Carol A. Falender & Edward P. Shafranske



Forthcoming in 2011 from APA

## **Getting the Most Out of Clinical Supervision: A Practical Guide for Interns and Trainees**

Carol A. Falender & Edward P. Shafranske



## **Diversity and Multiculturalism in Clinical Supervision: Foundation and Praxis**

Carol A. Falender, Edward P. Shafranske, & Celia Falicov  
(Eds.)

This session will provide participants with the tools to apply transformation leadership skills to specific organizations.

1. Transformational leadership strategies
2. Assessment of readiness to change,
3. Competencies-based approach to individual jobs, knowledge, skills, and attitude components of supervision practice
4. Enhancing supervisory alliance and goal development

# Self-Assess

- Personal Leadership Style
- Clinical Supervision in Your Setting
- Developmental Goals of Staff



# **TRANSACTIONAL VERSUS TRANSFORMATIONAL LEADERSHIP**

# Transactional Leadership

- Transactional leaders are distinguished by
  - Create clear structures
  - Communicate expectations
  - Provide rewards and punishments contingent upon performance
  - Focus on meeting designated and specific targets or objectives
    - ([Aarons, 2006](#); Kaslow, Falender & Grus, in review)

Currently, most mental health leaders are  
transactional leaders

However, to promote change,  
transformational leaders are necessary

# Transformational leaders

- Share the common perspective that effective leaders transform or change the basic values, beliefs, and attitudes of followers—to enhance performance beyond the minimum expected
- Transformational leadership ‘transforms’ individual employees making them more receptive to, and building capacity for, organizational change



- Transformational leadership includes articulating a vision of the future, fostering acceptance of group goals, communicating high performance expectations, providing intellectual stimulation, modeling appropriate behavior, and displaying supportive leader behavior.

Resource: John Kotter's *Our Iceberg is Melting*



- A transformational leader identifies viable new opportunities for his or her work group through a persistent, vigorous, and clear expression of a vision of the future
- In this instance the vision includes a competency-based approach to clinical supervision

# What are some of the biggest problems in mental health provision?

- Staff burnout
- Morale problems
- Productivity
- Turnover
- Maintaining and enhancing quality of care
- Enhancing interdisciplinary teamwork

# Why Clinical Supervision?

- Licensure and training
- Evidence Based Practice implemented with *ongoing fidelity* monitoring/supportive consultation and supervision associated with greater staff retention
- Reduction in turnover intent with clinical supervision
- Enhanced treatment outcomes
- Supervisors impact client outcome (moderate effect)
- Parallel Process
  - Supportive process with staff translates to clients and climate

# Premises

- Strength-based
- Collaborative
- Supportive
- Creating a positive working morale
- Relationship focused

# Supervisor as Leader

- Identify ways you currently supervise and think of ideas you can incorporate to enhance your supervision experience and that of your supervisees!
- Supervision is fun, creative, and fosters development and productivity
- Creates environment of caring, shared objectives, and productivity

# Facilitating Factors

- Individuals are more likely to accept and commit to a proposed change
  - When it is clearly communicated to them as an exciting and viable opportunity
  - There are perceived benefits
  - In this instance benefits are opportunities for personal growth and development and enhanced competence



# Facilitating Factors

- Sensing a 'felt need' to create dissonance between the present situation and the vision. Without perceived need, change may be viewed as unnecessary and disruptive
- Vision articulating behavior on the part of the leader is an important means to increase felt need.

- By becoming part of a larger effort, change is seen as possible and leading to positive results.
- Group goals serve as indicators of future organizational events and provide personal development opportunities
- Encouraging contribution of ideas leads to empowerment and cynicism reduction
- Leader behavior must exemplify vision and values
- Before transformational leadership few organization had supervision training

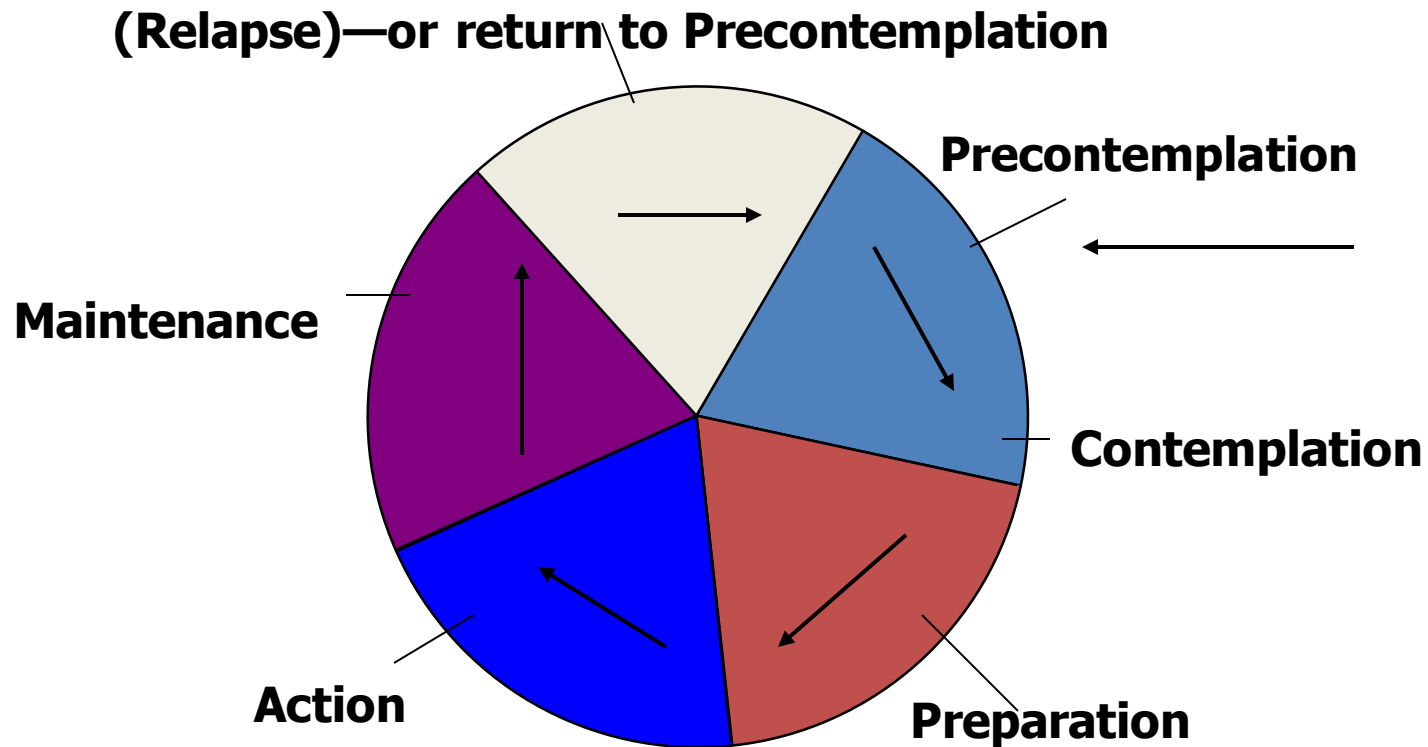
# What Are Possible Roadblocks?

- Staff cynicism—refers to those who are skeptical about change, protective of status quo—and who may have excellent rationales for maintaining some aspects of business as usual

- Managing two components of cynicism:
  - Improving the perceptions of future success and
  - Building faith in those responsible for the changes

- Cynicism About Organizational Change can be a self-fulfilling prophecy.
- Combatting cynicism
  - involving people in making decisions that affect them
  - keeping people informed of ongoing changes
  - keeping surprises to a minimum
  - publicizing successful changes
  - providing opportunities for employees to express feelings
  - receive validation and reassurance

# Conceptualizing Readiness to Change: Stages of Change



Prochaska, Levesque, Prochaska, Dewart & Wing, 2001

# Fostering Change

- Change will be more palatable if leaders are well-liked, viewed as knowledgeable about the subject matter, possess power and status in the organization, and trustworthy
- Emotional affect speaks louder than totally rational or factual approaches
  - Influence tactics arousing enthusiasm based on values, ideals etc.) and seeking participation and support are more effective

- A transformational leader identifies viable new opportunities for his or her work group through a persistent, vigorous, and clear expression of a vision of the future
- Leaders who care about their team, value individuals and their personal developmental goals, and ethical ways to achieve these have better outcomes



# **TRANSFORMATION TO COMPETENCY- BASED CLINICAL SUPERVISION**

- Definition of supervision process
- Ongoing collaborative goal-setting
- Ongoing feedback from supervisor
- Goals targeted to collaborative self-assessment
- Definition of tasks by each to achieve
  - Implicitly embedding staff development into supervision process

# Falender & Shafranske (2004)

## Clinical Supervision Definition

- Supervision is a distinct professional activity
- In which education and training aimed at developing science-informed practice are facilitated through
- **A collaborative interpersonal process**
- It involves observation, evaluation, feedback, facilitation of supervisee self-assessment, and acquisition of knowledge and skills by instruction, modeling, and mutual problem-solving.
- **Building on the recognition of the strengths and talents of the supervisee, supervision encourages self-efficacy.**
- Supervision ensures that clinical (supervision) is conducted in a competent manner in which **ethical standards, legal prescriptions, and professional practices are used to promote and protect the welfare of the client, the profession, and society at large.**
  - (p. 3)
- **Plus Superordinate Values and Pillars of Supervision**

# Superordinate Values

- Integrity-in-Relationship
  - Ethical, Values-based Practice
  - Appreciation of Diversity
  - Science-informed, Evidence-based Practice
- (Falender & Shafranske, 2004)

# Pillars of Supervision

- Supervisory relationship
  - Foundation for respectful alliance shared by supervisor and supervisee
- Inquiry
  - Processes facilitating understanding of therapeutic process AND awareness of professional and personal contributions
- Educational praxis
  - Learning strategies, tailored to enhance supervisee's knowledge and develop technical skills

(Falender & Shafranske, 2004)

# Competency Assessment

- Competency Benchmarks for Psychology
  - <http://www.apa.org/ed/graduate/competency.html>
- CalSWECII Competencies for Social Work
  - [http://calswec.berkeley.edu/MH\\_competencies\\_Adv\\_Specialization\\_year.pdf](http://calswec.berkeley.edu/MH_competencies_Adv_Specialization_year.pdf) (foundational and advanced)
- Workplace competencies
  - Hoge et al., 2005
- Marriage and Family Therapy Competencies
  - [www.aamft.org/imis15/Documents/MFT\\_Core\\_Competencie.pdf](http://www.aamft.org/imis15/Documents/MFT_Core_Competencie.pdf)

# Competency Documents

- Licensed Professional Counselor Competencies
  - <http://www.aamftca.org/main/pdf/cacrep.pdf>
- Nursing: National Panel for Psychiatric-Mental Health NP Competencies
  - <http://www.aacn.nche.edu/Accreditation/psychiatricmentalhealthnursepractitionercompetencies/FINAL03.pdf>
- Physician competencies—psychiatry
  - Andrews & Burruss (2004)
- Case Management Competencies
  - <http://muskie.usm.maine.edu/cfl/Competencies/cm.htm>

# Other Competencies Documents

- School Psychology
  - <http://www.nasponline.org/standards/FinalStandards.pdf>
  - Also Tharinger, Pryzwansky, & Miller, 2008
- Substance Abuse Treatment Clinical Supervisors: TAP 21A  
<http://www.nattc.org/resPubs/tap21/TAP21a.pdf>
- Substance Abuse Counselor Supervision: TIP 52  
<http://kap.samhsa.gov/products/manuals/tips/pdf/TIP52.pdf>
- ATTC: Performance Assessment Rubrics for the Addiction Counseling Competencies  
(2011)  
<http://www.attcnetwork.org/explore/priorityareas/wfd/getready/rubrics.asp>



# Supervisor Competencies

- From Competencies Conference

- Knowledge

- Skills

- e.g., Supervision modalities, relationship,
- Feedback, promote growth, assess learning needs, teach, didactic skills

- Values

- e.g., Respectful, empowering, balance clinical and training needs

- Social Context Overarching Issues

- Training of Supervision Competencies

- Assessment of Supervision Competencies

(Falender et al., 2004)

- Of models, theories, modalities and research on supervision
- Of professional/supervisee development
- Of area being supervised
- Of evaluation, process/outcome
- Of diversity in all forms

# Competency-based Supervision

**Competency-based supervision** is an approach that explicitly identifies the knowledge, skills and values that are assembled to form a clinical competency and develop learning strategies and evaluation procedures to meet criterion-referenced competence standards in keeping with evidence-based practices and the requirements of the local clinical setting.

(Falender & Shafranske, 2007)

# Steps in Competency-based Supervision Implementation

1. Orientation to competency-based approach
2. Collaborative identification of competencies which will be training focus—including self assessment and supervisor feedback
3. Collaborative identification of requisite knowledge, skills, and values to define focus of supervision
4. Collaborative identification of individual areas of strength and areas for enhancing knowledge and skills
5. Development of supervision contract
6. Ongoing formative evaluation up to final determined summative evaluation

# Steps Towards Best Practices of Supervision

- a) The supervisor examines his or her own clinical and supervision expertise and competency—strength-based;
- b) the supervisor delineates supervisory expectations, including standards, rules, and general practice;
- c) the supervisor identifies setting-specific competencies the supervisee must attain for successful completion of the supervised experience—strength-based;

Falender & Shafranske, 2007, p. 238

# Steps Towards Best Practices of Supervision

- d) the supervisor collaborates with the supervisee in developing a supervisory agreement or contract for informed consent, ensuring clear communication in establishing competencies and goals, tasks to achieve them, and logistics; and
- e) the supervisor models and engages the supervisee in self-assessment and development of metacompetence (i.e., self-awareness of competencies) from the onset of supervision and throughout.

Falender & Shafranske, 2007, p. 238

# Best Practices of Clinical Supervision

- Mutual development of goals/tasks—Alliance--Provision of safety, respect, and support in strength-based paradigm
- Supervisor uses role play, practice, and skill development
- Supervisor uses praise and constructive feedback weekly
- Supervision contract
- Evaluation articulated and used
- Supervisor facilitates reflective practice
- Supervisor attends to supervisee feelings, concerns, reactions, and supervision conflicts, strains
- Supervisor integrates diversity (multiple identities)
- Supervisor models and upholds legal and ethical standards/practices

# We Call That Metacompetence

- Ability to assess what you know and what you don't know
  - Introspection about personal cognitive processes and products
    - Dependent on self-awareness, self-reflection, and self-assessment
      - » Hatcher & Lassiter, 2007
- Supervision guides development of metacompetence through encouraging and reinforcing supervisee's development of skills in self-assessment
  - Falender & Shafranske, 2007

# Effective Supervision

- Accurately and collaboratively assess supervisee competence
- Develop educationally and contextually sound principles to foster learning and development
- Form supervisory alliance and collaboratively develop goals and tasks
- Structure supervision sessions
- Focus on diversity among client, supervisee, supervisor and resultant worldviews, attitudes for treatment planning and impact
- Enhance supervisee reflection on clinical work and process of supervision and clinical practice
- Give accurate positive and corrective feedback
- Observe directly—live or video
- Ability to monitor and be gatekeeper
- Know limits of competence
- Identify strains to supervisory relationship and repair
- Reflect specifically on one's own supervision competence

— Combined from U.K., Falender & al., & Kavanaugh et al., 2008



# The Alliance: Keys



- Clarity—including difference and feedback;  
Role invocation
- Clarity of goals and tasks to achieve
- Transparency and No Surprises
- Definition of All Power Differentials Including  
Administrative
- Integrity
- Continuous Constructive Feedback Given  
Sensitively and Welcomed as well

# Collaboration...from the beginning?



- Collaboration is developmental
  - Meaning changes as does elucidation with experience and enhanced competence and with context
    - Underlying principles:
      - Respect for presenting and developing competencies of supervisee
        - » Knowledge
        - » Skills
        - » Values and attitudes
      - Transparency regarding competencies of supervisor and supervisee
      - Transparency in feedback
      - Respect for process and contributions of each

(Falender, 2010)

# Effective Feedback

- In the process of feedback the recipient implicitly compares the feedback to his/her own self-assessment
- There are factors which make feedback *more* –or less— easy to accept
  - Easier if it coincides with the supervisee’s own impression of his/her behavior—and is accessible
  - If it is presented as a developmental goal, or part of a supervision plan
  - If it is behaviorally linked—very specific, and close in time to when observed
  - Discussion ensues about alternatives

# Assessment of Client Outcome and Supervision

## Client outcome

- Feedback loop with client to supervision
- Lambert OQ or other behavioral checklist
  - Lambert, 2010
  - Miller: <http://www.scottdmiller.com/>

# Task

On several occasions, you have heard your supervisee use what you consider to be pejorative language when referring to clients, such as “she is socially stupid” or “he is a retard” or “she is a schiz.” You are aware that some of your colleagues use similar language when they are not around clients, and you have always found it highly disrespectful and offensive. You are not comfortable confronting the supervisee about this inappropriate behaviour when you are not prepared to do the same with your colleagues. (How do you find an ethical solution to your ambivalence?) How does this relate to competence?

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